



Continuing Education for New Jersey Licensed Health Officials

Course Application Instructions New Jersey Department of Health and Senior Services Office of Local Health - Education, Training & Licensure Program

The following instructions describe the process for completing the Continuing Education Course Application. Each category below is numbered and corresponds to the items on the application.

I. APPLICANT INFORMATION

1. **New/Reapplication:** Check “new” if course has never been approved for CE credits before. If reapplication, give the original approval number.
2. **Sponsoring Organization:** State the name of the organization presenting the source, specify which Division, Office, Department, Program, etc., where applicable.
- 3-6. **Address, Municipality, State and Zip Code:** Give the specific address of the sponsoring organization.
7. **Organization Representative (Contact Person):** Give the name of the person qualified to answer questions regarding the course and/or submitted application.
- 8-9. **Telephone and Fax Numbers:** Provide the telephone and fax numbers of the daytime location of contact person.
10. **Registrar Name/Telephone Number:** Provide the name of the person administering special registration and providing certificates of attendance.
11. **Proctor Name/Telephone Number:** Provide the name of the person auditing course for the organization.

II. COURSE INFORMATION

12. All courses are designated as either regular continuing education (“CE” course # prefix) or health officer leadership and public health management education (“LE” course # prefix). An “LE” course is one which provides knowledge and skills specific to public health leadership and management, community partnership and coalition building, data and information technologies, continuous quality improvement, cultural diversity, the integration of health care deliver systems with public health, and measuring outcomes and using program evaluation methodologies.
13. **Course Title:** State the official name of the course that is being submitted for approval.
14. **Course Description:** Include: (1) a brief overview of the course; (2) the reasons why the course is relevant to New Jersey health officer continuing education; and (3) any take-home materials for attendees.
15. **Recertification:** If yes, note the course can only be approved for a maximum of three contact hours.

16. **Learning Objectives:** List up to 4 primary educational goals of this course referencing specific competencies in the “Public Health Workforce: An Agenda for the 21st Century, Appendix E.” Please refer to our website
17. **Type Course:** Check description that applies.
18. **Trainer(s) and/or Speak(s):** Attach a list of speakers/trainers along with their credentials, experience, and/or expertise in the subject matter to be presented.
19. **Target Audience(s):** Check the box next to the intended audience.
20. **Enrollment:**
 - (a) Minimum - State the fewest number of attendees required for the class.
 - (b) Maximum - State the greatest number of attendees allowed to enroll in the course.
21. **Total Cost per Attendee:** Give the overall cost of enrollment in this course for one person.
- 22-23. **Date(s) and Location(s):** List when and where this course will be presented. Include the specific address.
24. **Proposed Schedule:**
 - (a) Time(s): Provide a breakdown of the activities for the day.
 - (b) Activity: Check off what will be done for the corresponding time period.
 - “Lecture” is defined as a presentation. A question & answer session or discussion following the presentation is included in the definition.
 - “Field/lab” is defined as a field exercise or laboratory demonstration.
 - (c) Curriculum: Indicate for each activity whether it pertains to course criteria for leadership and management (LE) or regular continuing education (CE) credit.In addition, attach a copy of the course agenda.

25. **For State Use Only:** DO NOT WRITE IN THIS SECTION.
26. **Description of Course Evaluation Method:** Describe how the course will be evaluated by its attendees.

II. SPONSOR AGREEMENT

27. **Sponsor Verification and Agreement Section:** The representative signs his or her name to signify the sponsoring organization’s agreement to the statements within that section.